

# The Economic Burden of Mental Illness in India: A Call for Investment in Mental Healthcare

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## Abstract

This paper aims to explore the diverse economic implications of neglecting mental health in India and present strategic investments in the mental health system. It also targets the urgent need to prioritise mental health, not only as a healthcare imperative, but as a socio-economic necessity, through evidence from research papers and policy analysis. Drawing on secondary evidence from national surveys, global health organisations, and economic analyses, the paper demonstrates that mental health imposes substantial indirect and direct costs to individuals, families, workplaces and the nation as a whole. To complement secondary evidence, primary data was collected to assess public perceptions on barriers to mental healthcare and their beliefs about mental healthcare investment in India. By complementing secondary evidence with public perceptions, this paper calls for a strategic shift toward preventative, community-based care that views mental health investment as a priority in order to reduce substantial losses in the future.

**Keywords:** Economic Impact, Need for Investment, Mental Healthcare, Lost Productivity, Treatment Gap.

## Introduction

Mental health is not only a personal or social concern, but it is also a significant economic issue. In India, the burden of mental illness has turned into a silent crisis where the implications have reached far, with finances, national productivity, individual households, and overall economic growth at stake. Neglecting mental health could cost India over \$1 trillion in lost economic output over a decade (India's Silent Crisis: Ignoring Mental Health Can Prove Costly, n.d.-b).

Households with a person suffering from mental illness spent around 18.1 % of their monthly expenditure on healthcare. Because of these expenses, about 20.7 % of such households were pushed below the poverty line, with rural families more affected than urban ones. These costs include treatment, travel, and indirect care burdens (Scroll.in, 2023).

Although the Mental Healthcare Act (2017) mandates access to government-provided mental health services, the infrastructure and workforce required to implement the policy remain insufficient (India's Growing Mental Healthcare Costs, n.d.). Despite mental disorders contributing to over 14% of the country's disease burden, India's mental health budget remains significantly less than 1% of the total health expenditure ("National Mental Health Survey of India, 2015-16: Summary," 2016). Indian mental healthcare centres lack sufficient psychiatric beds, trained professionals and community-based support

systems, which indirectly indicates the slow pace of the country to meet its global standards in the healthcare sector (Bhandari, 2025).

The financial toll of this in action is staggering. The lost productivity, reduced workforce participation, and educational setback for children of affected individuals can cost India hundreds of billions in the long run (India's Silent Crisis: Ignoring Mental Health Can Prove Costly, n.d.-b). Furthermore, the indirect costs of untreated mental illnesses, such as unemployment, school dropout due to suicide, and consistent travel to access mental healthcare treatment, outweigh the direct treatment costs many times over (Isalkar, 2015). Yet the stigma, limited funding and reliance on traditional care continue to hinder the timely and evidence-based interventions for healthy mental health care. People often view mental health problems as a sign of personal weakness, moral failing, or supernatural influence rather than legitimate medical conditions. This leads to delays in help-seeking, concealment of symptoms, and avoidance of professional services out of fear of judgment or discrimination (Barathe, 2025).

Existing studies largely focus on prevalence and treatment gaps, offering limited analysis of economic implications or evidence-based funding strategies, leaving policymakers without actionable data to guide planning and investment. The absence of integrated cost-impact assessments and policy-oriented recommendations perpetuates a cycle where insufficient evidence leads to weak policy prioritisation and continued economic and social losses (Iemmi, 2022).

### **Mental Health Neglect in India: A Silent Economic Crisis in the Making**

As of today, India has made significant strides in de-stigmatising conversations around mental health through a combination of government initiatives, civil society efforts, media advocacy, and community engagement. For instance, the Government of India launched the Tele-Manas helpline in the year 2022. This programme provides free, 24/7 tele-counselling and mental health support through a national toll-free helpline and a mobile app in multiple Indian languages (National Mental Health Programme, n.d.). Public awareness of mental health has increased substantially as more people recognise conditions such as anxiety and depression as legitimate health issues rather than personal weakness, particularly among younger generations who are openly discussing emotional well-being and encouraging peers to seek help. A lot of these individual and community efforts were possible because of the increase in mental health awareness due to the occurrence of a global pandemic (COVID) (Majumdar, 2022). However, the public continues to struggle with arranging financial means to treat their mental health disorders. We might not realise it now, but the ignorance of investment in mental health is already creating major economic burdens on our public health system. Neglecting mental health has a direct impact on household finances and contributes to a cycle of poverty. A study shows that households which require mental health treatment are spending more than 10% of their income on the treatment. Amongst these, rural households suffer more in terms of higher costs due to travel, lack of local services, and informal care costs. (Yadav et al., 2023).

Numerous studies found that mental illness leads to absenteeism, reduced productivity, and job loss (World Health Organization: WHO, 2024b). It not only affects adults, but children of people with mental illness also face increased risk of dropping out of school and economic instability (Mina et al., 2022).

The median number of psychiatrists in India is only 0.2/100,000 population compared to a global median of 3 per 100,000 population. Similarly, the figures for psychologists, social workers, and nurses working for mental health are 0.03, 0.03, and 0.05/100,000 population (Math et al., 2019). Despite being a country with a dense population, India has not been able to allocate funding to mental health according to global

standards. A study shows that, at this rate of funding, it might take us more than 100 years to meet the global available standard of mental health workers according to our population's needs (Math et al., 2019). India's Mental Healthcare Act (MHCA) of 2017, which replaced the 1987 Act to focus on patient rights and align with UN standards, was passed by the Indian Parliament in 2017. This act aimed to establish government regulatory bodies and set up review boards, which was done to make sure that no individual would have to travel far to receive treatment.

However, the implementation of the same has been limited. Many of the structures that had to be established, such as state mental health authorities and mental health review boards, have not been fully constituted or have been non-functional in several states, which prevents people from exercising their legal rights to access mental healthcare. A cost estimation study found that the government will yield 6.5 times the return if it invests in the Mental Healthcare Act of 2017. Without investment, the rights guaranteed on paper will remain an unrealistic dream for people who continue to face barriers such as high cost, lack of professionals and stigma while accessing mental healthcare. (Math et al., 2019). The lack of investment in mental healthcare is one of the biggest reasons for the inaccessibility of support. A country where approximately 10% of the population suffers from common mental disorders, and 1.9% of the people experience severe mental disorders, needs better investment in mental healthcare in order to avoid future financial burdens at a societal level (Shankardass, 2018).

Issues related to a lack of investment in mental healthcare are further exacerbated by the high rates of mental health struggles in the country, even in urban settings, as evidenced by a study conducted by Deloitte. This study, which was conducted on 3995 respondents across 12 industries found that more than 80 percent of respondents reported being affected by at least one adverse mental health symptom with depression being the most common symptom (59%), followed by emotional exhaustion or burnout (55%), irritability or anger (51%), sleep issues (50%), and anxiety (49%). The same survey also tried to find out the sources of stress among these respondents, and they found that workplace-related stressors were the most common (47%), followed by financial stress (46%), COVID-19-related factors (42%), family relationships (39%), and social connections (37%) (Sarkar et al., 2024b). Despite facing several mental health concerns, less than half of the workers felt that their workplace was extremely supportive of people with mental health issues, and only one in four people received mental health support at the workplace (White Swan Foundation, 2019).

### **Hidden Costs of Ignoring Mental Health Investment**

The hidden or indirect costs of ignoring mental health are much more than the direct costs (Yerramilli & Bipeta, 2012). Indirect costs are those costs which aren't tangible enough to be easily seen, but they keep occurring for a long period of time without anyone noticing or talking about them. They refer to the value of resources lost as a result of the prevalence of mental illnesses. Some of the hidden costs include loss of time at work, not just for the people suffering from mental illnesses, but also for their caregivers (Hewlett et al., 2014). They can also include the risk that individuals possess for themselves and the people around them (Villarreal & Villarreal, 2024). One of the least evident hidden costs consists of the emotional turmoil faced by the caregivers and families around the individual having a mental illness, mainly due to the presence of stigma, social isolation, poverty and poor quality of life (Razmjoo et al., 2025). The manifestation of mental illness as physical illnesses, especially in developing countries, could also negatively impact the country's public health (Patel & Sumathipala, 2006). According to a study, women

and children are more likely to bear the brunt of these indirect costs because of their designated roles of being the caregivers, as laid down by society (Chisholm & World Health Organization, 2013).

Evidence suggests that indirect costs include reduced labour supply due to unemployment, lower educational attainment, and increased expenses for social support systems. These costs also cover chronic disability, homelessness, medical complications, substance use, suicide, homicide, and early mortality (Yerramilli & Bipeta, 2012b). Additional unquantifiable costs involve caregiver burden, the value of family caregiver time, and the emotional toll on families. (Isalkar, 2015b). The Indian evidence shows how mental health problems affect people's ability to work, strain social systems and impose a risk on the working population, which gets easily ignored just because they aren't directly seen as direct health expenditures. However, the negative impact caused by indirect costs implies a broader societal impact that is much larger than what we can imagine, thus making mental health investment a priority in India (Yerramilli & Bipeta, 2012b).

### **The Macroeconomic Impact: National Productivity and GDP Loss**

Apart from the microeconomic costs of reduced investment in mental health at a personal or family level, there are macroeconomic costs of mental health that affect an entire nation and its productivity. This has direct economic consequences for the nation, which mainly involves loss of workforce productivity and loss of Gross Domestic Product (GDP). Mental health costs could cause losses up to 8% in the nation's GDP, mainly due to loss in productivity (Roy & Dwaipayan, 2025). The World Health Organisation (WHO) found that at a global level, an estimated 12 billion working days are lost every year to depression and anxiety at a cost of US\$ 1 trillion per year in lost productivity (World Health Organization: WHO, 2024).

In terms of the projected economic cost of mental health, a study conducted by the Lancet Commission on Global Mental Health (2018) found that mental health-related economic losses may reach US\$ 6 trillion globally by 2030 (Patel et al., 2018). Since there is no mental health leave policy in the Indian workforce yet, what happens as a consequence is that Indians with specific mental health illnesses may show up to work despite being ill. However, their productivity during work hours is reduced due to their illness. Surprisingly, Kondapura et al (2023) found that being present at work with a mental illness is costlier to the country's economy and productivity than absenteeism because the work productivity of an individual with a common mental health disorder translates to less than 50% of what can be expected for a healthy person.

A study used the mental health module of the OneHealth tool, a modelling framework that projects costs and outcomes of different health interventions across countries. Researchers found that a total investment of US \$147 billion would be needed to provide effective care for two disorders: depression and anxiety, which currently lead to significant losses in economic output worldwide. However, the study shows that the returns outweigh the costs. In terms of economic productivity, better treatment is projected to yield further gains: approximately US \$230 billion for depression and US \$169 billion for anxiety disorders, because people are more able to contribute productively to the workforce (Chisholm et al., 2016).

### **The Cost of Untreated Mental Illness on Healthcare Spending**

Apart from the expenses on mental health treatment and the economic cost of delayed or lack of mental health treatment, another economic cost of mental illnesses is the increased spending on healthcare. When mental health conditions go unaddressed, they often lead to the development of chronic physical health-

related conditions. A study found that people who have depression are at higher risk of developing certain chronic diseases, including heart disease, diabetes, stroke, pain, osteoporosis, and Alzheimer's disease (Understanding the Link Between Chronic Disease and Depression, n.d.). Moreover, people with chronic diseases are more likely to develop depression, thus making it a vicious cycle. Therefore, the development of physical health conditions then leads to increased healthcare expenditure due to untreated mental illnesses. In fact, it was established that people with severe mental illnesses spent more on other medical conditions, which increased the total spending on mental healthcare by 3-fold (Figuroa et al., 2020). The economic impact is even more prominent in developing countries with low resources since the stigma of mental health leads patients to unnecessary hospitalisations, misdiagnosis and repeated hospital visits. In low-resource settings like India, people often report their mental health symptoms as somatic physical symptoms, either due to a lack of awareness or the stigma associated with mental health illness (Rao et al., 2007).

As a result, the general practitioners make an attempt to treat the physical symptoms, which leads to misdiagnosis, repeated tests, and unnecessary referrals or hospital visits before the underlying mental health issue is recognised. This delay in treatment can increase the costs per family in order to treat the physical symptoms first and then the mental health symptoms (Rao et al., 2007). These escalating costs elicit a simple truth- the lack of investment in mental healthcare ultimately leads to higher spending across the entire healthcare ecosystem.

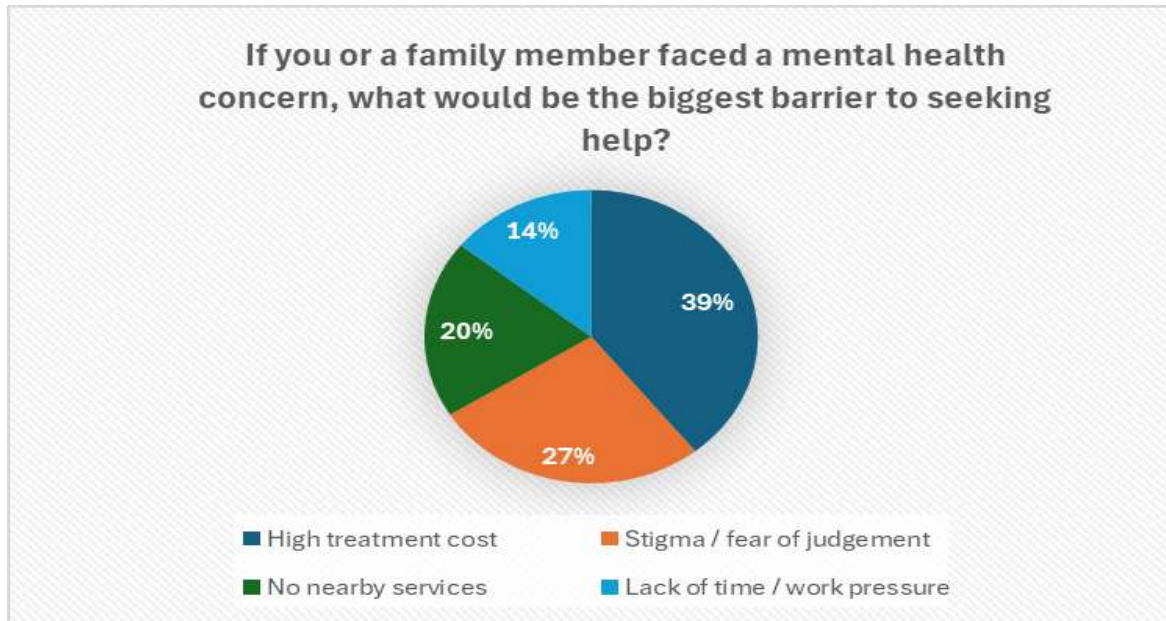
A Jamaican mental health investment case demonstrates that untreated mental illness imposes substantial long-term costs on health systems and broader national resources; however, they found that these losses are preventable through strategic and effective care. They specifically observed the impact of scaling up evidence-based treatment for depression, anxiety, and psychosis between 2019 and 2033. The analysis showed that without treatment expansion, disability, productivity losses, and avoidable health system utilisation would continue to strain national resources. However, when treatment coverage was scaled up, the country gained approximately 75,883 healthy life years, significantly reducing disease burden and associated health costs. This modelling shows that the economic and health returns outweigh the costs of investment by a huge margin (Banatvala et al., 2021).

## Results and Discussion

To further understand the public perceptions of investment and access to mental health in India, we conducted a survey with particular focus on economic barriers, treatment delays, and perceived cross-sectoral impact. A total of 64 respondents participated in the survey, though response counts varied across questions. The questions were decided according to the theme of gauging public perceptions of investment in mental health in India and were circulated across social media platforms like Instagram, LinkedIn and WhatsApp. The results are elaborated in relation to their broader economic implications, thus harmonising the secondary evidence presented earlier in the paper.

**Perceived Barriers to Seeking Mental Healthcare**

**Figure 1: Assessing the Perceived Barriers to Mental Health Access**



Respondents were asked about perceived barriers to seeking help for themselves or for a family member. A total of 56 people responded to this question across various social media platforms. Figure 1 suggests that high treatment cost was the most likely perceived obstacle in seeking help. This was followed by stigma or fear of judgment, lack of nearby services, and time or work-related pressures. The supremacy of high treatment cost as a barrier corroborates existing evidence that mental health care in India still remains an out-of-pocket expenditure that depends on the financial capacity of the individual or the family, instead of the clinical need of the mental health concern (Scroll.in, 2023b).

**Delay in Mental Health Treatment Due to Cost**

**Figure 2: Delay in Mental Health Treatment due to Cost**

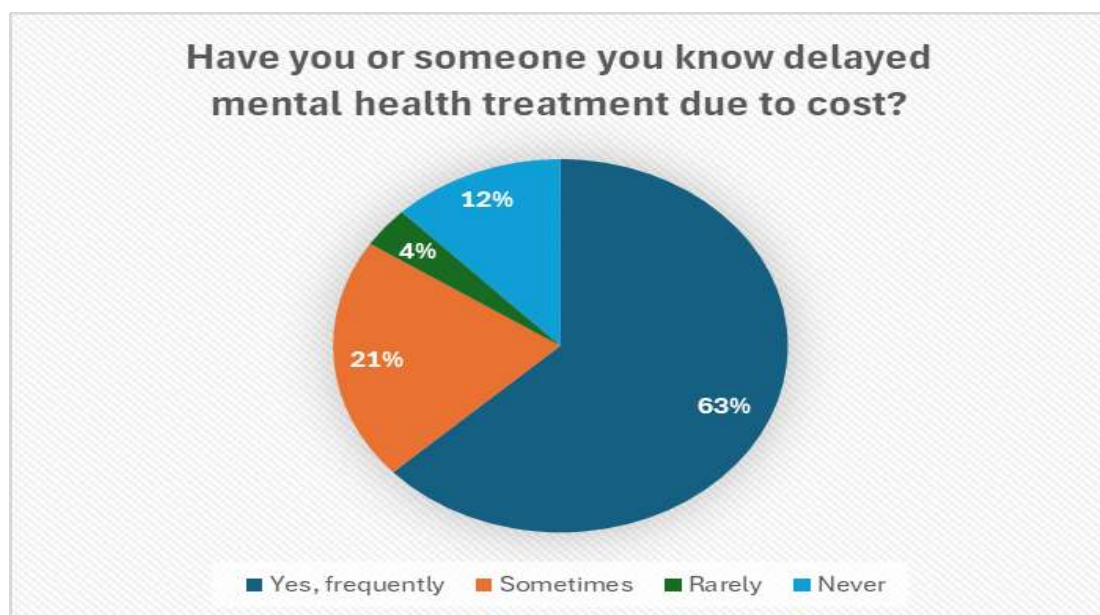


Figure 2 shows the responses to a question where respondents were asked if they or someone they know has experienced delays in mental health treatment due to cost. A total of 57 people responded to this question across various social media platforms. The results indicate that 63% of the people, i.e., more than half of the people, believe that they or someone they know have in fact experienced delays in treatment due to cost on a frequent basis. This pattern indicates that treatment cost not only affects initial help-seeking but also actively disrupts the continuity of care. This causes people to postpone, interrupt or abandon seeking help altogether. At a macroeconomic level, this pattern of delayed treatment causes reduced labour participation and sustained productivity losses, which reinforces the argument that delayed care represents a preventable economic loss rather than an unavoidable one (Sharma, 2024). The aforementioned loss can be prevented by increased investment in mental healthcare.

### Perceptions of National Investment in Mental Healthcare

Figure 3: Perceptions of Mental Healthcare Investments in India

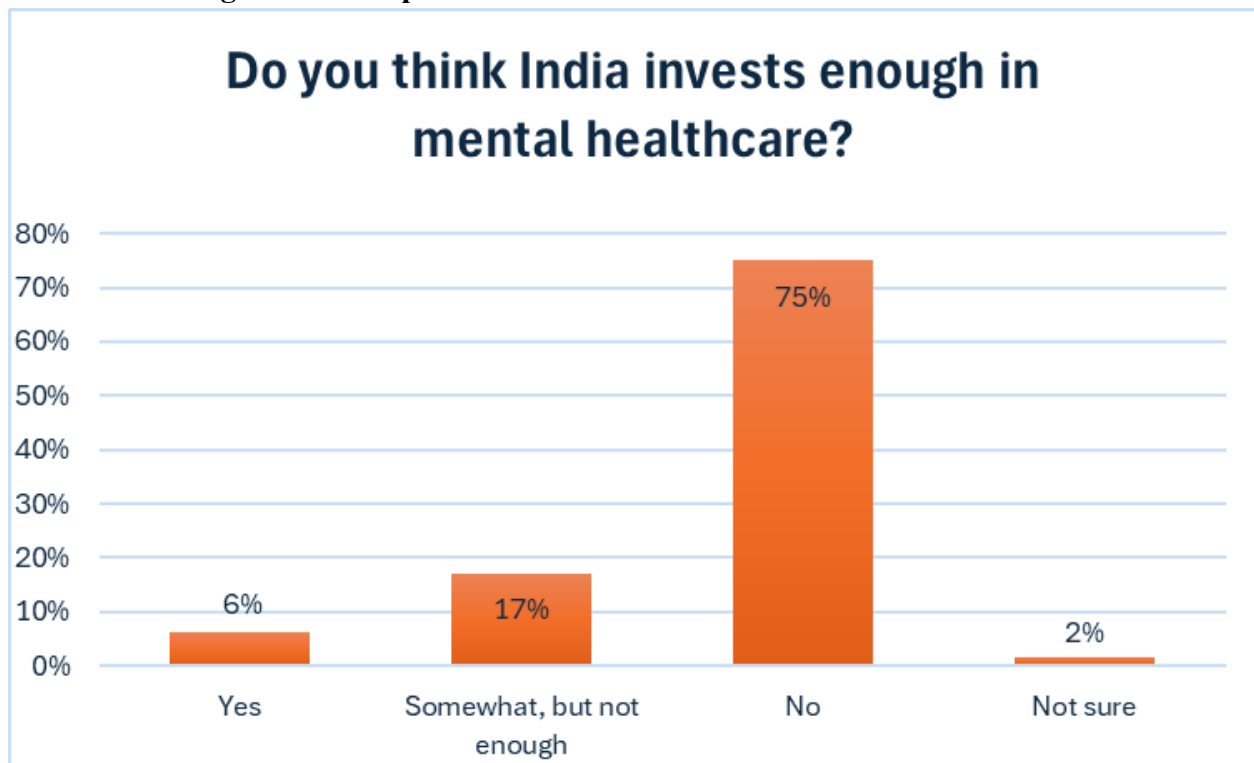


Figure 3 represents the responses of people when they were asked if they think India invests enough in mental healthcare. A total of 64 people responded to the question across various social media platforms. The results indicate that a majority of the people (75%) believe that India does not invest enough in mental healthcare, followed by some (17%) of the people who believe that India invests somewhat but not enough. This distribution indicates a broad public agreement on the inadequacy of mental health funding on a societal level. These findings also suggest that public-level mental health policies like the Mental Healthcare Act, 2017, while progressive in intent, have not translated into reliable access to mental health care yet, largely due to insufficient funding and lack of financial investments (PLOS Global Public Health, 2024).

Perceived Impact of Continued Underinvestment on Other Sectors

Figure 4: Perceived Impact of Lack of Investment on Other Sectors

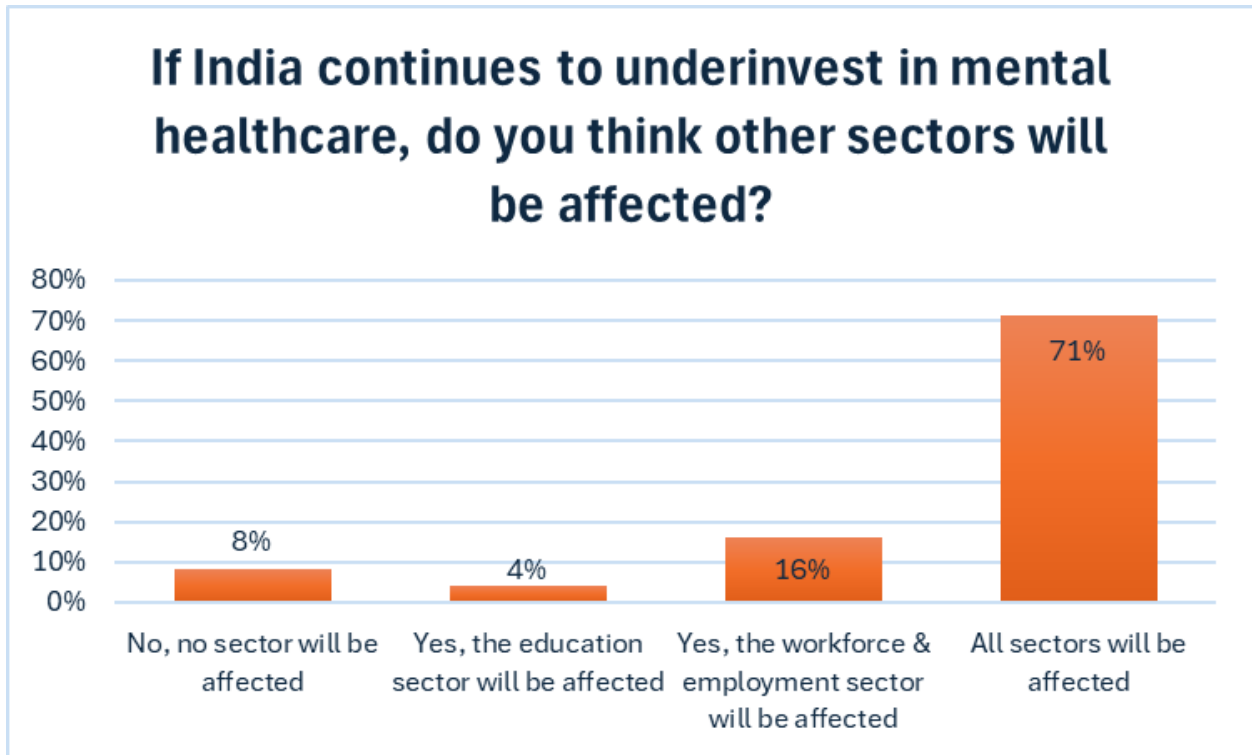


Figure 4 shows the responses of people when they were asked about the impact of the lack of investment in mental healthcare in different sectors. A total of 49 people responded to the question across various social media platforms. A strong majority (71%) of the people believed that all of the sectors would be affected due to the lack of investment in mental healthcare. Meanwhile, some (16%) believed that the workforce and employment sector would also be affected. This finding deeply emphasises that mental healthcare is connected to all broader economic and social sectors, and a lack of funding in mental health will eventually affect all sectors.

These insights indicate a pressing need to increase funding in mental healthcare in order to prevent losses at an individual and a societal level. This can be done by mental health initiatives by the government or organisations, reallocation of existing funds and increased awareness about the negative impact of a lack of investments.

**Implications**

***Innovation and Knowledge Economy Slowdown***

Underinvestment in mental healthcare affects cognition, creative thinking and risk-taking behaviours, which are essential for innovation-led economic growth. Distress due to mental health reduces problem-solving skills, affects the ability to pay sustained attention, and impacts engagement, particularly in knowledge-intensive sectors such as technology, research, design, and entrepreneurship. At the societal level, this can lead to lazy entrepreneurship cycles, decreased patent outcomes and reduced global competitiveness. Evidence suggests that psychological well-being is strongly linked to innovative thinking and organisational flexibility, making mental health a priority for a country’s knowledge economy rather than a peripheral concern (Oecd, 2012).

### ***Strain on the Informal and Gig Economy***

India's large informal economy remains excluded from the structured access of formal organisational insurance and safety. The nature of work, which includes uncertain pay and scarce job opportunities, mixed with harsh physical conditions and long working hours, puts them more at risk for poor mental health than white-collar job employees. Without adequate investment in mental healthcare, poor mental health in informal employees could show up as absenteeism, reduced productivity and financial precarity (Silva-Peñaherrera et al., 2022).

### ***Judicial and Law Enforcement System Overload***

The impact of neglect in mental health funding goes far beyond merely work productivity and national output. In fact, insufficient mental healthcare expenditure increases the workload for the criminal justice system. A reduction in mental healthcare access has led to an increase in crime rates. This is especially prevalent for individuals who are already struggling with mental health conditions. Without the right access and support, these individuals are more likely to commit crimes and be in conflict with the law enforcement systems (Gaxiola & Litwak Law Group and Gaxiola & Litwak Law Group, 2025).

### ***Urban Infrastructure and Housing Instability***

Mental health underinvestment contributes to chronic homelessness and housing instability, especially in urban settings where living costs and psycho-social stressors are high. Poor mental health can make it hard to cope with housing problems, and individuals who are at risk of mental health conditions are more likely to face housing instability and homelessness. Therefore, there is a bi-directional relationship between mental health and homelessness. Crowding, poor sanitation and the increased chance of diseases bring their own risk to the mental health of individuals (Padgett, 2020).

### ***Erosion of Social Trust and Institutional Legitimacy***

While most of the public mental health care systems in India remain unfunded, inaccessible and unreliable, the public trust in government and social systems weakens. Individuals who may experience barriers, delays or unpleasant experiences with government due to inaccessible mental health treatment may lose trust in all public systems broadly. This erosion of trust leads to lesser compliance, engagement and civic participation in society, which indirectly increases governance costs (Rockers et al., 2012).

## **Strategies To Increase Investment in Mental Healthcare**

The secondary as well as primary evidence provided above emphasises the need to make mental health a priority and stresses the importance of increased investment in mental healthcare to prevent national level losses.

### ***Prioritise Community-Anchored Mental Health Financing Over Hospital-Centric Expansion***

The current treatment gap in India depends not just on the mere lack of investment, but also on where and when the funds are allocated. A strategic shift is needed to focus on funding community-based services and social systems rather than just hospital-centric expansion. This is needed because in a low-income country like India, community-level structures are already embedded on a local level and operate more closely in areas where hospitals cannot reach. Nourishing district-level mental health programmes, training non-specialist health workers, and embedding mental health services within existing community health infrastructure can significantly expand coverage at lower cost (Hans & Sharan, 2021).

### ***Embedding Mental Health Metrics into Economic and Development Indicators***

Mental health remains unfunded mainly due to the stigma and its lack of representation in the national metrics, along with economic indicators. For investment in mental health to be taken seriously, the

negative impact of underinvestment in it should be known. When psychological distress, burnout, disability adjusted years due to mental health conditions are reported alongside economic indicators like the Gross Domestic Product (GDP), employment and productivity, it creates importance and recognition for mental health that has been neglected and overlooked for decades (Fan et al., 2018).

#### ***Include mental health services under all publicly funded insurance schemes***

Currently, very few workplaces in India and almost no government systems cover mental health treatment in their health insurance, which causes delays or abandonment in treatment by citizens. In order to reduce the treatment gap and increase funding, mental health treatment like psychotherapy fees, hospitalisation costs and fees for assessments should be covered in both public and private level insurances. This reduces out-of-pocket expenditures and ensures access to individuals who need it at a lower cost (Zoya et al., 2025).

#### ***Leveraging Public Procurement and Regulation to Drive Private Investment***

To expand funding in mental health, the public sector can open up the opportunity of investing to private sector too. This can be done by using its regulatory and acquisition power rather than direct spending alone. For instance, private companies bidding for public contracts or incentives could be required to demonstrate mental health support systems, insurance coverage, or preventive interventions for workers. This strategy could increase investments in mental health as a necessity for trade and business from the private company's end, rather than it being portrayed as an optional act of charity (U.S. Department of Health and Human Services et al., 2020).

#### ***Embed Preventive Mental Health Check-ins Across Key Life Transitions***

Until now, this paper has only talked about mental health treatment as a post-diagnosis care; however, considering the kind of negative impact mental health conditions have on all sectors, it would be a good idea to increase investments towards preventative care. This can be done by institutionalising structured mental health check-ins at critical life transition points, where individuals are known to be at higher risk of psychological distress. These transitions include entry into secondary school or college, the first year of employment, pregnancy and early parenthood, migration for work, and retirement. This symbolises that instead of waiting for the symptoms to manifest into negative impact, we treat it at the primary level and prevent losses at an individual and national level (Uphoff et al., 2022).

#### ***Leveraging Technology and Digital Mental Health Solutions to Expand Access and Investment***

One key strategy to increase investment and make use of the newly available resources to increase access is to leverage newer technology to gain more reach and provide basic support for mental health concerns. Digital mental health tools such as teletherapy platforms, app-based interventions, and mental health chatbots can help bridge the large treatment gap, especially in low-resource and non-urban settings where professionals are scarce (Ni & Jia, 2025). One of the many AI-driven conversational chatbots is called Healo, which is developed by a team of psychologists to an Indian audience. Chatbots like Healo can act as scalable first points of contact by offering psychoeducation, emotional support, guided self-help exercises, and timely referrals, thereby reducing the burden on overstretched clinical systems (Aggarwal et al., 2023). From an investment perspective, technology-enabled care offers a cost-effective model with high reach, making it attractive for public funding, private investment, and public-private partnerships. In fact, a randomised control trial of 1458 employees conducted in San Francisco found that using a digital mindfulness meditation app can reduce perceptions of stress in employees over an 8-week period, thus demonstrating that digital mental health solutions are not only accessible to a larger population in less time, but also effective (Radin et al., 2025).

### ***Implement and Fund Evidence-Based Workplace Mental Health Programs with Demonstrable Return on Investment***

Organisations can invest in structured, evidence-based workplace mental health programmes which include employee assistance programs, access to psychotherapies, covering mental health in general health insurances and using digital mental health interventions. Evidence suggests that occupational digital health interventions can improve workers' psychological well-being and increase work effectiveness (Carolan et al., 2017). LaMontagne et al. (2014) propose an integrated workplace mental health intervention by combining three disciplinary traditions: public health (reducing job stressors like high demands and low control), psychology (promoting positive aspects of work, strengths, and wellbeing), and medicine (addressing mental health problems through literacy, early detection, and stigma reduction).

### **Limitations and Suggestions for Future Work**

This study has provided paramount evidence on the need to invest in mental healthcare and the impact of its negligence. However, this study also presents some limitations. The sample of this study was derived from a small population. The sample responses were taken from social media platforms and not physical surveys, which limits the representation of the sample to individuals who have access to technology and are adept at it. A study with a larger population with different criteria for socio-economic status, mental health concerns and across various states would have been ideal and can be the future scope of another study.

### **Conclusion**

The economic impact of mental healthcare burden is neither abstract nor distant; it is already embedded in household debts, reduced productivity, diminished innovation and lack of trust in public systems. The findings suggest that continued neglect of mental health investment will compound future economic losses, while strategic investment offers high returns through improved productivity, reduced healthcare expenditure, and strengthened social systems.

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